October 17, 2017

Dear Colleagues:

The Residency Standards have been updated for 2017. All additions have been highlighted in yellow within the Standards document, and the most impactful changes are included below.

This most current version of the document applies to all Residents and Mentors, regardless of when training began. We recognize that changing requirements after a Training Plan has been accepted and training is underway may create challenges for the Mentor and Resident. However, it is very difficult for the committees to monitor the progress of all residents using multiple versions of the Residency Standards. If you have already started training and are unable to comply with any of the changes outlined in this document, you may petition the Credentials Committee for an exception. These standards can be found at http://acvecc.org/blog/residency-forms/.

2017 Residency Standards, page 5:

Residency Training Plan: The Residency Training Plan should contain the minimum training requirements established by the ACVECC and specify how those requirements are to be met. In addition, the Residency Training Plan should detail the supervision (see Definitions and Requirements for Mentor and Supervisor requirements) that the Resident can expect during their training. A Residency Training Plan might also include additional requirements that the Mentor and Residency Training Facility have incorporated into a specific Residency Training Program. Beginning in July 2018, applications will no longer be accepted for dual training programs (such as E/CC combined with Internal Medicine or Anesthesia).

2017 Residency Standards, pages 5–6:

Residency Training Facility: A Residency Training Facility must be open for business 24 hours a day, every day of the year. Beginning in September 2016, every facility that applies to become a Residency Training Facility (RTF) must either: a) provide the ACVECC Residency Training Committee with written proof of Veterinary Emergency and Critical Care Society (VECCS) Level I certification; or b) complete an application for RTF approval provided by the RTC. Residency Training Facilities approved prior to September 2016 must comply with the minimum facility standards for a Veterinary Emergency and Critical Care Center. These standards can be found at http://acvecc.org/blog/residency-forms/.

Starting in September 2016, any facility that applies to become an RTF must be affiliated with at least two (2) ACVECC Diplomates licensed and authorized to practice as a staff specialist in the facility, and who are in attendance “full time.” Full time, for this purpose, is defined as a minimum of 40 weeks per year. Within the Residency Training Program, these ACVECC Diplomates may serve as Mentors, Supervisors, or both (see Terms and Definitions for Mentor and Supervisor requirements). A minimum of 2 ACVECC Diplomates must actively participate in the clinical training of E/CC Residents at the RTF. This is the minimum requirement for a Residency Training Facility. The spirit of this requirement is to create a culture of specialist-level Emergency
and Critical Care practice to facilitate Resident training to the highest possible standards. This should be provided by the continual presence and guidance of two or more ACVECC Diplomates. All Residency Training Facilities approved prior to September 2016 must comply with this requirement by July 1, 2019.

2017 Residency Standards, page 7:

**Changes to the Residency Training Program:** The Mentor is responsible for immediately reporting any major changes in the Residency Training Program. These include but are not limited to:

- Loss or change of a Mentor
- Significant changes to the Residency Training Plan
- Potentially detrimental change in the Residency Training Facility
- Termination or any major interruption to the progress of a Resident
- Transition from Residency to Fellowship training plan (allowed for large animal trainees only)

The RTC must be notified as soon as any potential changes to the Residency Training Plan or Facility are identified using the Major Change Form.

2017 Residency Standards, page 7:

**Annual Updates:** Approved Residency Training Programs are required to submit an Annual Update with the RTC. The Annual Update must list any deficiencies relating to the Residency Training Program and/or changes from the original Program Application. All changes in ECC or non-ECC immersion Supervisors that occurred in the prior cycle, or are anticipated in the next cycle, should be reported so that Immersion credit may be granted. The Annual Update must also include changes that required immediate reporting that occurred during the preceding year. Annual Updates are due by June 1 (for programs starting in July) and December 1 (for programs starting in January). Current forms for Annual Updates can be found at [http://acvecc.org/blog/residency-forms/](http://acvecc.org/blog/residency-forms/) and should be submitted through the ACVECC Executive Secretary.

2017 Residency Standards, page 9 – 10:

**Immersion Week:** These weeks, by definition, require immersion of the Resident within a clinical culture. Immersion time is logged as blocks of weeks under Emergency and Critical Care Supervision by an ACVECC Diplomate, Specialist Supervision by a Diplomate of an allied specialty (see Definitions and Requirements), or Independent Study. An Immersion Week is a minimum of forty (40) hours of logged time occurring in no less than three (3) calendar days of one continuous seven (7) day period. All Immersion Weeks begin on Monday and end on Sunday. Immersion Weeks may not overlap. Emergency and Critical Care Immersion must be completed as part of an approved Residency Training Program and supervised by an approved ACVECC Diplomate affiliated with an approved Residency Training Facility. Emergency and Critical Care Immersion cannot be completed at an RTF’s “satellite” or similarly affiliated hospital unless that facility is also independently approved as a Residency Training Facility. Large Animal trainees may earn 50% of their Emergency and Critical Care Immersion in a small animal setting.

2017 Residency Standards, page 10 – 11:

3. **Seminars:** “Seminar” is defined as a local-to-the-RTF, face-to-face discussion and/or lecture that is provided at a Resident or Diplomate level. Seminars can include medical seminars, clinical case conferences, morbidity/mortality rounds, and board review sessions on a wide range of topics related to Emergency and Critical Care medicine. The Resident must receive mentored exposure to critical evaluation of the scientific literature (literature review or journal club). Seminars should be pre-scheduled, and that time should be
protected time for the Resident. An individual at the Diplomate level must be present for the entire session, and available for active discussion and question-and-answer. There should be heavy input into the seminar series by expert individuals other than the Resident. Seminars should be Diplomate-driven or, if the Resident is to present the material or lead the discussion, a Diplomate should actively participate in the Resident-driven session’s preparation.

Residents must accrue at least 200 hours of seminars over no fewer than 24 months. Fellows must accrue at least 100 hours of seminars over no fewer than 12 months. All seminars and conferences must be clearly documented (i.e., title, date, location, moderator or speaker, audience, and length) in Annual Progress Reports. A Resident may log only 10% of the total seminar hours as online seminars or seminars attended at another facility. Distance learning within a Program, such as a Resident actively participating in Internet conference from home or practice location A with a Mentor or Supervisor at practice location B, is exempt from the 10% maximum. Sessions dedicated to completing, correcting, or reviewing Benchmarks do not count toward the Seminar requirement.

**Examples:**

1. Mentor X sees a case with Resident Y & they have a 1-hour discussion about an ECG tracing: this is not a seminar.
2. Mentor X and Resident Y sit down every day at 8am with ER doctors or students to discuss hospitalized patients: this is not a seminar.
3. A veterinary student, veterinary technician, practitioner, or intern presents morbidity/mortality rounds and Resident Y attends: this is not a seminar.
4. Resident Y goes for an external rotation at another facility and attends a resident-level seminar presented by a board-certified specialist on a subject pertinent to ECC: this is a seminar, and the number of these credited toward the total number of required hours is limited to 10% (20 hours for 3-year Residents and 10 hours for 2-year Residents [Fellows]).
5. Resident Y from RTF A listens to an online podcast (or participates in an online seminar from a different Residency Training Program or practice) presented by a board-certified specialist on a subject pertinent to ECC. There are ways that the residents can interact with the presenter: this is a seminar, and the number of this type is limited to 10%.
6. Resident Y listens to an online podcast presented by a board-certified specialist on a subject pertinent to ECC. However, interaction is not possible directly with the presenter: this is not a seminar. However, it can be counted as online Continuing Education.
7. Resident Y from RTF A is at an out-rotation at RTF B, at home following an overnight shift, or at an external rotation at another location (not an RTF), but uses Skype® to remotely participate in a regularly-scheduled Seminar at home RTF A given by Diplomate Z from RTF A. This is a seminar, and is considered “distance learning” from RTC A; this type of participation is exempt from the 10% rule.

The difference between online CE and online Seminars can be challenging, but Seminars must include ample opportunity for back-and-forth discussion between Resident and the specialist moderating or helping with preparation of the seminar.

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**2017 Residency Standards, page 21:**

A temporary contingency (2011–2021) allows for Large Animal Residents who have previously completed a Residency in an Allied Specialty to transition to a fellowship if they successfully pass all credentialing requirements for that Allied Specialty during the first year 12 months of their residency in Emergency and Critical Care. Application for this transition must be made within 1 month of becoming board certified in the allied specialty. Application includes submitting a Major Change Form signed by both Resident and Mentor to the Chair of the RTC along with an updated Progress Report, plan for completion of the Fellowship, and proof
of certification in the Allied Specialty. The Residency Training Facility must have an approved Fellowship Training Program already in place.

2017 Residency Standards, page 22:

**Supervisor:** Supervisors must be board-certified Diplomates in good standing in a specialty recognized by the American Board of Veterinary Specialties or the European Board of Veterinary Specialties. In addition, Supervisors must be board-certified in a specialty designated by the ACVECC for training E/CC ACVECC Residents and may only supervise rotations in their specialty. Supervisors of rotations in human Emergency and/or Critical Care medicine must be Medical Doctors. A Supervisor must be approved by and remain in good standing with the RTC. Initial standing as a Supervisor is granted through the initial Residency Training Plan / Residency Training Facility approval process. To add or change Supervisors within an existing Plan / Facility, approval is granted through the Annual Update process (see section above regarding Annual Updates). Supervisors must be legally authorized (i.e., possess a license or meet other state and/or federal requirements) and permitted to practice in the facility where supervision will take place.

The Chairs of the Residency Training Committee, the Credentials Committee, and the Joint Committee on Training and Certification welcome questions or comments regarding the Standards. Please direct questions to the office of the ACVECC Executive Secretary. Thank you for your commitment to quality residency training.

Sincerely,

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Past Chair, ACVECC Joint Committee on Training and Certification